

CHAIN-OF-CUSTODY / Analytical Report

W0# : 1285992


PM: MMW Due Date: 05/03/17

CLIENT: USS CORP

Section A		Section B		Section C	
Required Client Information:		Required Project Information:		Invoice Information:	
Company:	USS Corporation	Report To:	Tom Moe	Attention:	
Address:	P.O. Box 417	Copy To:		Company Name:	
	Mt. Iron, MN 55768	Purchase Order #:		Address:	
Email:				Pace Quote:	
Phone:		Project Name:	NPDES-TB WM3	Pace Project Manager:	heather.zika@pacelabs.com
Requested Due Date:		Project #:		Pace Profile #:	
				Regulatory Agency	
				State / Location	

ITEM #	SAMPLE ID  One Character per box. (A-Z, 0-9 /, -) Sample IDs must be unique	MATRIX Drinking Water Water Waste Water Product Soil/Solid Oil Wipe Air Other Tissue	CODE DW WT WW P SL OL WP AR OT TS	COLLECTED				SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives							Analyses Test	Y/N	Requested Analysis Filtered (Y/N)										Residual Chlorine (Y/N)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
				START	END	DATE	TIME			DATE	TIME	Unpreserved	H2SO4	HNO3	HCl	NaOH			Na2S2O3	Methanol	Other	TSS	TRPH 1664																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								



	Document Name: <b>Sample Condition Upon Receipt Form</b>	Document Revised: 15Mar2016 Page 1 of 1
	Document No.: <b>F-VM-C-001-Rev.10</b>	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition  
Upon Receipt**

Client Name:

USS CORP

Project #:

**WO#: 1285992**

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client  
☐ Commercial ☐ Pace ☐ Other: \_\_\_\_\_

PM: MMW Due Date: 05/03/17  
 CLIENT: USS CORP

Tracking Number: \_\_\_\_\_

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No **4-19-17 CS** Seals Intact? ☐ Yes ☐ No Optional: Proj. Due Date: Proj. Name:  
 Packing Material: ☐ Bubble Wrap ☒ Bubble Bags ☒ None ☐ Other: \_\_\_\_\_ Temp Blank? ☒ Yes ☐ No  
 Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun  
 Cooler Temp Read °C: 4.1 Cooler Temp Corrected °C: 4.4 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA  
 Temp should be above freezing to 6°C Correction Factor: +0.3 Date and Initials of Person Examining Contents: 4-19-17

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5. If Fecal: <input type="checkbox"/> <8 hours <input type="checkbox"/> >8, <24 hours <input type="checkbox"/> >24 hours
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>wt</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

**CLIENT NOTIFICATION/RESOLUTION**

Field Data Required? ☐ Yes ☐ No

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/Resolution: \_\_\_\_\_

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Melina Woods

Date: 4/19/17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)